Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

OMB No.: 0938-

/ State:

LOUISIANA

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation 42 CFR 435.10 and Subpart J

2.1 Application, Determination of Eligibility and Furnishing Medicaid

The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing (a) Medicaid.

TN No. APR uz 1991 Supersedes Approval Date _ TN No.

OCT v 1 1991 Effective Date

HCFA ID: 7982E

STATE L'anisians	
DATE REC'D DEC 0 5 1991	
DATE APPVD APR UZ 1993	Α
DATE EFF OCT 61 1991	
HCFA 179	